ENTRY BLANK

PLEASE TYPE OR PRINT

Entered previous May Show

Mr. Artist

Equival Broxton

(Last Name Last)

Permanent Address

Street

Tel. (216) 3681156

Temporary Address

Street

Tel. ()

Zip Area Code

Permanent address is in what county?

Born in Cuyahoga County Yes

No

Collaborator _____(If Any)

If entries are not accepted or not sold:

Artist will pick up entries at Museum.

☐ Museum should dispose of entries.

☐ Museum should ship entries to artist C.O.D. at this address:

The attached card at right will be returned to you as notification of acceptance or rejection by the last week in April.

THE RETURNED CARD IS YOUR ONLY RECEIPT TO CLAIM YOUR ENTRIES. Do not lose it.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any entry not called for by the dates listed.

It is also understood that accepted entries will remain on exhibition until June 9, 1974.

The submission of entries will be construed as acceptance of all conditions printed in the entry information.

Signature Algunold Brogeton

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1974 MAY SHOW

The Cleveland Museum of Art Cleveland, Ohio 44106

Please keep address within this box for window envelope.

Name	MR. REgiNALD BROXTON
Address	9005 BECKMAN AVE.
City & State	CLEVELAND O ZID 44104

PLEASE TYPE OR PRINT.

This is the label that will be used to mail your notification of acceptance or rejection.

ACCEPTANCE OR REJECTION NOTICE This is your only receipt to claim your object(s). This notification will be mailed to you following judging. ■ 2. Graphics □ 3. Photography 1. Paintings 4. Sculpture 5. Electric ☐ 6. Crafts Medium or Materials BAllpoint SEEd! PLAY 9 ROWNO RECEIVED Joseph & Golden NOT DETACH 4/15/174 □ 1. Paintings ■ 2. Graphics □ 3. Photography ☐ 4. Sculpture ☐ 5. Electric ☐ 6. Crafts Medium or Materials BAllpoint PEN Title DO-NOT WRITE IN THIS SECTION